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PTO:SB81 (01-09)
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Under the Paperwork Reduction Act of 1995, to persons are required to respond to a collection of information on each & displayers wished OMB control number. Application Number 10/581,533 POWER OF ATTORNEY Filing Date 04/09/2007 First Named Inventor Graeme William Sturgeon REVOCATION OF POWER OF ATTORNEY Method and Apparatus for Extermination WITH A NEW POWER OF ATTORNEY 3040 Art Unit AND K. Rowan Examiner Name

CHANGE OF C	ORRESPONDENCE ADDRESS	Attorney Docket	Number Nooski			
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	Practitioner(s) Name Registration Number					
Raymond	Van Dyke		34,746			
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		ļ	Pillian (William)			
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City	Washington	State	DC	Zip 20035		
Telephone	USA (202)378.3903	Ernsi	vandyke@acm.or	Ō.		
Applicant/Inver	ntar. cord of the entire interest. See 37 CFR 5.71. or 37 CFR 3.73(6) (Form PTD/SBAR) promitted					
	SIGNATURE of Applica			7/11/2/27/2		
Signature	Julin Neutroski (deceased)	innei louistrosk	Cate -C	1/4/2010.		
Title and Company	Legal Representative:	. E	3,71	J9V "		
	ne inventors or assignees to record of the entire intern	ost or their represent	ialivo(a) are required. Subm	at merepic forms if more than one		
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	Application Number	10/581,533			
	Filing Date	04/09/2007			
	First Named Inventor	Graeme William Sturgeon			
	Title	Method and Apparatus for Extermination			
•	Art Unit	3043			
	Examiner Name	K. Rowan			
	Attorney Docket Number	Nooski			

		orney Docke	111011100	7014				
I hereby revoke all	I previous powers of attorney given in the	above-id	entified applic	ation.				
A Power of Atta	tamey is submitted herewith.							
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Firm or Individual Name Raymond Van Dyke								
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Country Telephone	USA (202)378.3903	Fmail	vandyke@a	ecm org	_			
I am the: Applicant/Inventor. OR Assignee of record of the entire Interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on								
	SIGNATURE of Applicant of	r Assignee (of Record	***************************************				
Signature Name	David McCormack		Date	20/04/2010				
Title and Company	DBMG MCCOMIRCK		Telephone	+64 7 868 1013	······			
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elignature is required, see by	forms are submitted.							

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Graeme Walliam Sturgeon

Method and Apparatus for Extermination

10/581,533

04/09/2007

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Filing Date

Title

Application Number

First Named Inventor

Art Unit AND Examiner Name K. Rowen CHANGE OF CORRESPONDENCE ADDRESS **Attorney Docket Number** Nooski I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Tradomark Office connected therewith: Practitioner(s) Name Registration Number Raymond Van Dyke 34,746 Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number. The address associated with Customer Number: OR Lieur or Raymond Van Dyke Individual Name Address Washington Square, 1050 Connecticut Avenue, NW P.O. Box 65302 Washington Zip 20035 City State. DC Country USA Telephone (202)378.3903 vandyke@acm.org X Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on SIGNATURE of Applicant or Assignee of Record Signature Graeme William Sturgeon Date 2010 Name Telephone Patent Title and Company Holder NOTE: Signotures of all the inventors or easignees of record of the online interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. "Total of forms are submitted.

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